



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/892,184	06/26/2001	Christopher T. Maus	4L01.1-012

CONFIRMATION NO. 6310



\*OC00000006523101\*

Michael J. Mehrman, Esq.  
GARDNER GROFF MEHRMAN & JOSEPHIC, P.C.  
Paper Mill Village, Building 23  
600 Village Trace, Suite 300  
Marietta, GA 30067

**FILE COPY**

Date Mailed: 09/07/2001

**RESPONSE TO REQUEST CORRECTED FILING RECEIPT****Claims, Fees, Inventors and Continuity**

In response to your request for a corrected Filing Receipt, the Office is unable to comply with your request because:

- ☐ The total number of claims appearing on the Filing Receipt does not include multiple dependent claims. The total fee appearing on the Filing Receipt includes the cost of multiple dependent claims that were present at the time the application was filed.
- ☐ The filing fee is correct. It includes the surcharge under 37 CFR 1.16(e) for filing an oath/declaration or basic filing fee after the application filing date.
- ☐ The inventor information may be truncated if the family name consists of more than 50 characters (letters and spaces combined) and if the given name consists of more than 50 characters (letters and spaces combined). The inventor's residence allows for up to 40 characters (letters and spaces combined).
- ☐ The docket number allows a maximum of 25 characters.
- ☒ Continuity claimed under 35 USC 120 cannot be added to the Filing Receipt without supplying the relationship (i.e. continuation, divisional...).
- ☐ Foreign priority will appear on the Filing Receipt in the following order:  
**Country, Application number, Filing date.**
- ☐ The person signing on behalf of the deceased inventor will be reflected on your Filing Receipt as the legal representative.
- ☐ The enclosed Filing Receipt was returned to the Office as undeliverable. We are sending a second filing receipt to the address given.

- ☐ Only one character per space is allowed. Therefore, punctuation which is usually placed above or below a letter, such as an umlaut (..), cannot be included on the Filing Receipt.

Any corrections that may need to be done to your Filing Receipt should be directed to:

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, DC 20231

---

*A copy of this notice MUST be returned with the reply.*

*Wk*

---

Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 3 - OFFICE COPY



## UNITED STATES PATENT AND TRADEMARK OFFICE

**FILE COPY**
 COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
 www.uspto.gov


Bib Data Sheet

CONFIRMATION NO. 6310

<b>SERIAL NUMBER</b> 09/892,184	<b>FILING DATE</b> 06/26/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166	<b>ATTORNEY DOCKET NO.</b> 4L01.1-012	
<b>APPLICANTS</b> Christopher T. Maus, Sagle, ID; Jackson B. Connolly, Post Falls, ID;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/799,479 03/06/2001 WHICH CLAIMS BENEFIT OF 60/270,679 02/22/2001					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 08/14/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ID	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Michael J. Mehrman, Esq. GARDNER GROFF MEHRMAN & JOSEPHIC, P.C. Paper Mill Village, Building 23 600 Village Trace, Suite 300 Marietta, GA 30067					
<b>TITLE</b> Mobile data management system					
<b>FILING FEE RECEIVED</b> 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		